

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed

18

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms	FIRST Sarah	MI L	OFFICE USE ONLY	
	NICKNAME	LAST Sorensen	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX 215 Carolina St	APT / SUITE #	CITY San Antonio	STATE TX	ZIP CODE 78210
	Date Received				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (518)	PHONE NUMBER 469-6884	EXTENSION		
	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms	FIRST Rachel	MI L	Receipt #	Amount \$
	NICKNAME	LAST Sorensen	SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) 439 Queen Anne Ct		APT / SUITE #	CITY San Antonio	STATE TX
				ZIP CODE 78209	
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 243-6622	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 3	Day 22	Year 2021	THROUGH	Month 4 / Day 22 / Year 2021
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month 5	Day 1	Year 2021	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	<input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) SAISD Board of Trustees, District 1		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input checked="" type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	<input checked="" type="checkbox"/> GENERAL	San Antonio Alliance of Teachers and Support Personnel PAC			
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS			
		120 Adams St San Antonio, TX 78210			
	COMMITTEE CAMPAIGN TREASURER NAME				
	David Garza				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
	120 Adams St San Antonio, TX 78210				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Ms FIRST: Sarah MI: L <hr style="border-top: 1px dotted black;"/> NICKNAME: Sorensen LAST: SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE:	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: FIRST: MI: <hr style="border-top: 1px dotted black;"/> NICKNAME: LAST: SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE:	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year / / / /		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input checked="" type="checkbox"/> Additional Pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Texas AFT Committee on Political Education (COPE 1) <hr/> COMMITTEE ADDRESS 912 Highway 183 South, Suite 100-A Austin, TX 78741 <hr/> COMMITTEE CAMPAIGN TREASURER NAME Ray McMurrey <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS 912 Highway 183 South, Suite 100-A Austin, TX 78741	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms	FIRST Sarah	MI L	OFFICE USE ONLY	
	NICKNAME	LAST Sorensen	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #	CITY:	STATE:	ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION		Date Received
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked	
	NICKNAME	LAST	SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #	CITY:	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION		Date Processed
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month / Day / Year	THROUGH		Month / Day / Year	
11 ELECTION	ELECTION DATE Month / Day / Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME CWA- Committee on Political Education Political Contributions Account			
		COMMITTEE ADDRESS 501 Third St, N.W. Washington, DC 20001			
		COMMITTEE CAMPAIGN TREASURER NAME Sara Steffens			
		COMMITTEE CAMPAIGN TREASURER ADDRESS 501 Third St, N.W. Washington, DC 20001			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Ms Sarah L Sorensen		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7815.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 933.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1505.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/ SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Sarah Sorensen, and my date of birth is 3/2/1978
 My address is 215 Carolina St, San Antonio, TX, 78210, US
(street) (city) (state) (zip code) (country)
 Executed in Bexar County, State of Texas, on the 23 day of April, 2021
(month) (year)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Ms Sarah L Sorensen

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,750.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6,065.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 933.87
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Ms Sarah L Sorensen		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Samuel Durandard	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 311 Carnahan San Antonio, TX 78209		
8 Principal occupation / Job title (See Instructions) Financial Analyst		9 Employer (See Instructions) USAA
Date 4/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Courtney	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 707 W Russell Pl San Antonio, TX 78212		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Incarnate Word University
Date 4/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maddie Kennedy	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 405 Florida St Apt 1 San Antonio, TX 78210		
Principal occupation / Job title (See Instructions) Case Manager		Employer (See Instructions) Thrive Youth Center
Date 4/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cherise Rohr-Allegrini	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 133 Devine St San Antonio, TX 78210		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) San Antonio AIDS Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Ms Sarah L Sorensen		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Riley Metcalfe <hr/> 6 Contributor address; City; State; Zip Code 706 Lovera Blvd San Antonio, TX 78212	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) South San Antonio ISD
Date 4/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Judy Ranney <hr/> Contributor address; City; State; Zip Code 11806 Song St San Antonio, TX 78216	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 4/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Long <hr/> Contributor address; City; State; Zip Code 2508 Tampico St San Antonio, TX 78207	Amount of contribution (\$) 15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 4/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Samuel Durandard <hr/> Contributor address; City; State; Zip Code 311 Carnahan San Antonio, TX 78209	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) USAA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Ms Sarah L Sorensen		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Janice and Albert Clayton	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 2420 McCullough Ave, Apt 202 San Antonio TX 78212		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 4/14/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Samuel Durandard	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 311 Carnahan St San Antonio TX 78209		
Principal occupation / Job title (See Instructions) Financial Anaylst		Employer (See Instructions) USAA
Date 4/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katy Bravenec	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 501 Shook Ave SAN ANTONIO TX 78212		
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) Collective Campaigns
Date 4/22/21	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00002089) CWA- COPE PCC	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 501 3rd St, NW Washington DC 20001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 7	
2 FILER NAME Ms Sarah L Sorensen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 3/24/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Alliance of Teachers and Support Personnel PAC	8 Amount of Contribution \$ 4.00	9 In-kind contribution description Phone bank expense
7 Contributor address; City; State; Zip Code 120 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 3/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Alliance of Teachers and Support Personnel PAC	Amount of Contribution \$ 55.00	In-kind contribution description Campaign Literature
Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 7	
2 FILER NAME Ms Sarah L Sorensen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 3/26/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Alliance of Teachers and Support Personnel PAC	8 Amount of Contribution \$ 9.47	9 In-kind contribution description Campaign Lit paper
7 Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Alliance of Teachers and Support Personnel PAC	Amount of Contribution \$ 4.00	In-kind contribution description Phone bank
Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 7	
2 FILER NAME Ms Sarah L Sorensen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 3/31/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (IU# _____) Texas AFT Committee on Political Education (COPE 1) 7 Contributor address; City: State: Zip Code 912 Highway 183 South, Ste 110A Austin, TX 78741	8 Amount of Contribution \$ 1372.49 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Digital ads
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (IU# _____) San Antonio Alliance of Teachers and Support Personnel PAC Contributor address; City: State: Zip Code 121 Adams St San Antonio, TX 78210	Amount of Contribution \$ 1732.54 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Field Direction
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2 7	
2 FILER NAME Ms Sarah L Sorensen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 4/4/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Alliance of Teachers and Support Personnel PAC	8 Amount of Contribution \$ 43.75	9 In-kind contribution description Advertising
7 Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Alliance of Teachers and Support Personnel PAC	Amount of Contribution \$ 391.50	In-kind contribution description Campaign literature
Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 7	
2 FILER NAME Ms Sarah L Sorensen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 4/14/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Alliance of Teachers and Support Personnel PAC	8 Amount of Contribution \$ 10.00	9 In-kind contribution description Election data
7 Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Alliance of Teachers and Support Personnel PAC	Amount of Contribution \$ 23.10	In-kind contribution description Phone bank
Contributor address; City; State; Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 7	
2 FILER NAME Ms Sarah L Sorensen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/16/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas AFT Committee on Political Education (COPE 1)	8 Amount of Contribution \$ 533.14	9 In-kind contribution description Paid phones
7 Contributor address; City: State: Zip Code 912 Highway 183 South, Ste 110A Austin, TX 78741		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Alliance of Teachers and Support Personnel PAC	Amount of Contribution \$ 404.86	In-kind contribution description Campaign literature
Contributor address; City: State: Zip Code 121 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2 7	
2 FILER NAME Ms Sarah L Sorensen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/19/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas AFT Committee on Political Education (COPE 1)	8 Amount of Contribution \$ 1451.75	9 In-kind contribution description Direct Mail
7 Contributor address; City; State; Zip Code 912 Highway 183 South, Ste 110A Austin, TX 78741		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Alliance of Teachers and Support Personnel PAC	Amount of Contribution \$ 29.40	In-kind contribution description Phone bank
Contributor address; City; State; Zip Code 120 Adams St San Antonio, TX 78210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Ms Sarah L Sorensen	3 Filer ID (Ethics Commission Filers)
4 Date 3/26/21	5 Payee name Taco Cabana	
6 Amount (\$) 23.21	7 Payee address; City; State; Zip Code 2908 Broadway San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Tacos for canvass volunteers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/28/21	Payee name The Home Depot	
Amount (\$) 19.46	Payee address; City; State; Zip Code 527 Fair Ave San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Zip ties for campaign signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 4/1/21	Payee name ActBlue	
Amount (\$) 11.25	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising	Description Service fee for donation website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Raising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Ms Sarah L Sorensen	3 Filer ID (Ethics Commission Filers)
4 Date 4/2/21	5 Payee name Taco Cabana	
6 Amount (\$) 21.60	7 Payee address; City; State; Zip Code 2908 Broadway San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Tacos for canvass volunteers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/9/21	Payee name Taco Cabana	
Amount (\$) 19.98	Payee address; City; State; Zip Code 2908 Broadway San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Tacos for canvass volunteers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/16/21	Payee name Taco Cabana	
Amount (\$) 18.37	Payee address; City; State; Zip Code 2908 Broadway San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Tacos for canvass volunteers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

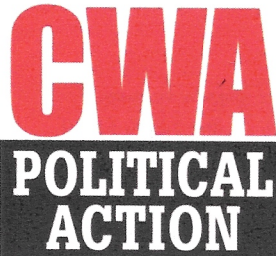
If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Raising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Ms Sarah L Sorensen	3 Filer ID (Ethics Commission Filers)
4 Date 4/14/21	5 Payee name EN Mediaworks	
6 Amount (\$) 820.00	7 Payee address; City; State; Zip Code P.O. Box 2171 San Antonio, TX 78297	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Print ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held



CHRISTOPHER SHELTON, Chair
SARA STEFFENS, Treasurer

CWA-COPE PCC
501 Third Street, N.W.
Washington, DC 20001
Phone: 202.434.1491
Fax: 202.434.1279
Email: epolitics@cwa-union.org

Dear Friends:

Enclosed is a check which is drawn on the CWA-Committee on Political Education Political Contributions Committee (CWA-COPE PCC) account.

CWA-COPE PCC is a federal multi-candidate political committee sponsored by the Communications Workers of America and is funded solely with voluntary contributions from CWA members and their families. CWA-COPE PCC is registered with, and periodically reports its transactions to, the Federal Election Commission (FEC).

Sincerely,

A handwritten signature in black ink, appearing to read "Christopher Shelton". The signature is fluid and cursive.

Christopher Shelton
Chair